PTO/SB/17 (10-08)
Approved for use through 08/30/2010, OMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number									
	1	Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 1		10/532,719-Conf. #8746			
FEE TRANSMITTAL				Filing Date E		December 20, 2005			
For FY 2009						Jordi TORMO I BLASCO			
101112003				Examiner Name		J. H. Murray			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1624					
TOTAL AMOUNT OF PAYMENT (\$)		(\$) 1,110.00		Attorney Docket No. 4		4266-0131PUS1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
X Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FI	LING FEES	SEA	RCH FEES	EXAMIN	NATION FEES			
Application To	vpe Fee (S	Small Entity Fee (\$)	Fec (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity	F	aid (\$)	
Utility	330	165	540	270	220	Fee (\$) 110	rees r	ald (\$)	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	030	0			
		110	U	v	U	U			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)									
Each claim over					52.	26			
Each independe					220	110			
I 1								195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims									
20 -20 or HP x = Fee (\$) Fee Paid (\$)									
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra Claims	Fee (\$)	Fee	e Paid (\$)					
3 or HP = X =									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (§135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1/6) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
- 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1.110.00									
SUBMITTED BY									
Signature	(outal)	J#45575	- 6	Registration No. (Attorney/Agent)	32,868	Telephone	(703) 205	5-8000	
Name (Print/Type)	Andrew D. Meikle	Got				Date N	lovember	24, 2008	